



THE TOWN OF FENWICK ISLAND

800 Coastal Highway / Fenwick Island, DE 19944 / 302-539-3011 / Fax: 302-539-1305
fenwickisland19944@fenwickisland.org

RENTAL LICENSE **SINGLE FAMILY DWELLING OR TOWN HOUSE**

Applicants Name: _____

Home Address: _____

Home Tele # _____ **Emergency Tele #** _____

RENTAL ADDRESS: _____

RENTAL AGENT, ADDRESS & CONTACT PERSON (if applicable):

I hereby acknowledge that in order to maintain my license privilege, I must comply with all Regulations & Ordinances of the Town of Fenwick Island and that all taxes, and assessments due the Town of Fenwick Island upon the property which I own have been paid including the 7.5% tax on Gross Rental Receipts due bi-yearly on May 31st and November 30th on all residential rental income.

I further acknowledge that I am aware of and will abide by the requirements of Town Ordinance #100 by informing in writing all tenants of the maximum overnight rental occupancy for my dwelling or townhouse, such maximum not to exceed twelve persons and that I accept responsibility for assuring compliance with such maximum occupancy.

I further acknowledge that if there have been three or more cases during a calendar year of violations of noise disturbance and/or over-occupancy beyond twelve persons, my license may be immediately revoked and/or for the entire rental season for the following year.

I authorize the Town of Fenwick Island, it's agents, and employees to seek information and conduct an investigation into the truth of statements set forth in this application and the qualifications of the applicant for the requested license.

I declare, under the penalty of perjury, that the information contained in the application is true and correct.

Applicants Signature

Date

Make Checks Payable To: Town of Fenwick Island

Rental License: \$132.00 (Calendar Year)
Late Fee: \$45.00

05/06